01/27/2010 12:18

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER STATE A ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 12 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 0 1 27 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

FEC Form 3X (Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2/35

263211.18

Write or Type Committee Name American Academy of Family Physicians Political Action Committee D D " D 12 0 1 2009 12 3 1 2009 From: Report Covering the Period: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand 2009° 231911.27 January 1 (b) Cash on Hand at 246492.51 Begining of Reporting Period 27223.51 352708.44 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 273716.02 584619.71 6(a) and 6(c) for Column B) 10504.84 321408.53 Total Disbursements (from Line 31) Cash on Hand at Close of

Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

(subtract Line 7 from Line 6(d))

Reporting Period

0.00

263211.18

10. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)

	U	U		U		
				0.0	00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 35

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

D D 0 1

м м 1 2 2009

To:

м м 1 2 D D 31

^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	17789.51	256504.12
	(ii) Unitemized	8194.50	83989.25
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	25984.01	340493.37
(I	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	25984.01	340493.37
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. A	All Loans Received	0.00	0.00
	oan Repayments Received	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	1239.50	6215.07
to	o Federal candidates and Other Political Committees	0.00	6000.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(;	a) Non-Federal Account (from Schedule H3)	0.00	0.00
(I	b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	27223.51	352708.44
	otal Federal Receipts subtract Line 18(c) from Line 19)	27223.51	352708.44

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 35

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	perating Expenditures: a) Shared Federal/Non-Federal		
(0	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(k	o) Other Federal Operating	504.04	0500 50
,	Expenditures	504.84	6508.53
(0	c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	504.84	6508.53
2. T	ransfers to Affiliated/Other Party	001101	
С	ommittees	0.00	0.00
	ontributions to ederal Candidates/Committees		
	ederal Candidates/Committeesnd Other Political Committees	10000.00	314000.00
	ndependent Expenditure use Schedule E)	0.00	0.00
5. Č	oordinated Expenditures Made by Party		
C (i	ommittees (2 U.S.C. 441a(d)) use Schedule F)	0.00	0.00
	December Made	0.00	0.00
). L	oan Repayments Made	0.00	0.00
7. L	oans Made	0.00	0.00
	efunds of Contributions To: a) Individuals/Persons Other		
(a	Than Political Committees	0.00	500.00
(b	Political Party Committees	0.00	0.00
(c	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(0	'	0.00	500.00
	(add Lines 28(a), (b), and (c))	0.00	300.00
9. O	ther Disbursements	0.00	400.00
). F	ederal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1	Fotal Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	10504.84	321408.53
	,,,,,(-), and(-)/		
	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	10504.84	321408.53
	rom Line 31)	10004.04	J∠1400.53

DETAILED SUMMARY PAGE

of Disbursements

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	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3.	Total Contributions (other than loans) from Line 11(d), page 3)	25984.01	340493.37
4.	Total Contribution Refunds (from Line 28(d))	0.00	500.00
5.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	25984.01	339993.37
6.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	504.84	6508.53
7.	Offsets to Operating Expenditures (from Line 15, page 3)	1239.50	6215.07
8.	Net Operating Expenditures (subtract Line 37 from Line 36)	-734.66	293.46

FE6AN026

CHEDULE A (FEC Form 3X FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personal he name and address of any political committee	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Janet R Albers, MD		Date of Receipt
Mailing Address PO BOX 19670		12 14 2009
City Springfield	State Zip Code IL 62794-9670	Transaction ID: C816459 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer SIU Family Medicine Ctr	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) Greg G Asbury, MD		Date of Receipt
Mailing Address 109 Sagewood Dr N	W	12 28 2009
City	State Zip Code	Transaction ID: C820075
Rome	GA 30165-1049	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	270.00	
Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD		Date of Receipt
Mailing Address 182 East Ave		12 21 2009
City	State Zip Code	Transaction ID: C818948
Tallmadge	OH 44278-2311	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.62
Name of Employer Bachtel & Associates	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364.96	
SUBTOTAL of Receipts This Page (optional)		155.62

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	for ea	separate schedule(s) ach category of the led Summary Page	FOR LINE NUMBER: PAGE 7/35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and address of a	any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A.	Full Name (Last, First, Middle Initial) Frederic Baker, MD Mailing Address 32 Mark Cir City Holden FEC ID number of contributing federal political committee. Name of Employer UMMHC Receipt For:		Code 520-1410	Date of Receipt 1 2 0 9 2 0 0 9 Transaction ID: C818073 Amount of Each Receipt this Period 50.56
— В.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Justin V Bartos, MD	Aggregate real to	385.04	Date of Receipt
_	Mailing Address 4351 Booth Calloway R City North Richland Hil FEC ID number of contributing federal political committee. Name of Employer North Hills Family Medicine Receipt For: Primary General Other (specify)	State Zip	Code 80-7319 Date ▼ 372.00	Transaction ID: C818942 Amount of Each Receipt this Period 31.00
C.	Full Name (Last, First, Middle Initial) Robert C M Bourne, MD Mailing Address 1300 E Cooley Dr City Colton FEC ID number of contributing federal political committee. Name of Employer Beaver Medical Group Receipt For: Primary General Other (specify)	•	Code 324-3905 Date ▼	Date of Receipt M M D D Y Y Y Y Y Y Y Y
F	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number		·	139.63

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 35 (check only one) X
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Paul Eric Buehrens, MD Mailing Address 12710 Totem Lake Blv	vd Ne		Date of Receipt
	City Kirkland	State WA	Zip Code 98034-2907	Transaction ID: C810373 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer Lakeshore Clinic Receipt For: Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- 3.	Full Name (Last, First, Middle Initial) Josiah F K Carroll, Jr Mailing Address 3651 1St St	1		Date of Receipt 1 2 1 0 2 0 0 9
	City	State	Zip Code	Transaction ID: C814982
	East Moline FEC ID number of contributing federal political committee.	C	61244-3321	Amount of Each Receipt this Period 365.00
	Name of Employer Genesis Health Group	Occupation Family F	^{on} Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- C.	Full Name (Last, First, Middle Initial) Edmund Claxton, Jr			Date of Receipt
	Mailing Address 76 High St			1 2 1 2 2 0 0 9
	City	State	Zip Code	Transaction ID: C818075
	Lewiston FEC ID number of contributing federal political committee.	ME C	04240-7649	Amount of Each Receipt this Period 50.00
	Name of Employer Central Maine Medical Cen- ter	Occupation Residence	on cy rogram director	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional) .			445.00
Ī	TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	fo	se separate schedule(s) r each category of the etailed Summary Page	FOR LINE NUMBER: PAGE 9 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 11
A or	ny information copied from such Reports and for commercial purposes, other than using th	Statements may not I e name and address	be sold or used by any pers of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Action	on Committee	
<u></u>	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address 900 Ne 10Th St			12 24 2009
	City	State	Zip Code	Transaction ID: C820049
	Oklahoma City	OK	73104-5420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼ 1050.00	
_	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 301 Governors Dr Sw	1		12 24 7 2009
	City		Zip Code	Transaction ID: C820045
	<u>Huntsville</u>	AL	35801-5122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.00
	Name of Employer Univ. of AL Sch of Med - Huntsville Re	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 405.00	
	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct			1 2 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code	Transaction ID: C818951
	Albany	NY	12203-6015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		625.00
	Name of Employer Prime Care Physicians	Occupation Physician		
	Receipt For:	Aggregate Year	r-to-Date ▼	
	Primary General Other (specify) ▼	0 0 0	5000.00	
Г	SUBTOTAL of Receipts This Page (optional)			820.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 35 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	rsicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Tamarah L Duperval-Brownlee, MD			Date of Receipt
Mailing Address 2150 W Irving Par Unit F	k Rd Unit F		12 23 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C819996
Chicago FEC ID number of contributing federal political committee.	C	60618-3941	Amount of Each Receipt this Period 83.00
Name of Employer University of Illinois	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Deborah L Edberg, MD			Date of Receipt
Mailing Address 2734 N Southport Apt A	·	7:01	12 18 2009
City Chicago	State IL	Zip Code 60614-1158	Transaction ID: C818683 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00
Name of Employer Erie Family Health	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Doreen E Feldhouse, MD			Date of Receipt
Mailing Address 1043 Sir James Av	ve		12 23 2009
City	State	Zip Code	Transaction ID: C819997
Dyersburg FEC ID number of contributing federal political committee.	C	38024-7344	Amount of Each Receipt this Period 30.42
Name of Employer Family Care, PC	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.04	
SUBTOTAL of Receipts This Page (option	nal)		263.42

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 35 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Wanda D Filer, MD Mailing Address 510 Aqua Ct			Date of Receipt 1 2 2 2 2 0 0 9
City York FEC ID number of contributing federal political committee.	State PA	Zip Code 17403-3623	Transaction ID: C819462 Amount of Each Receipt this Period 1000.00
Name of Employer Strategic Health Institute Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
Full Name (Last, First, Middle Initial) Jeremy M Fish, MD Mailing Address 2500 Alhambra Ave	e		Date of Receipt 1 2 1 0 2 0 0 9
City Martinez FEC ID number of contributing federal political committee.	State CA	Zip Code 94553-3156	Transaction ID: C814950 Amount of Each Receipt this Period 35.00
Name of Employer Contra Costa Health Services Receipt For: Primary General Other (specify) ▼	- ' '	ey Program Director Year-to-Date 320.00]
Full Name (Last, First, Middle Initial) Michael O Fleming, MD Mailing Address 556 Dunmoreland	Dr		Date of Receipt
City Shreveport FEC ID number of contributing federal political committee.	State LA	Zip Code 71106-6125	Transaction ID: C814579 Amount of Each Receipt this Period 250.00
Name of Employer N/A Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
SUBTOTAL of Receipts This Page (optional	al)		1285.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	κ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/35 (check only one) X
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political	Action Committee	
Full Name (Last, First, Middle Initial) Michael O Fleming, MD			Date of Receipt
Mailing Address 556 Dunmoreland [Or		12 22 2009
City	State	Zip Code	Transaction ID: C819461
Shreveport FEC ID number of contributing federal political committee.	C	71106-6125	Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 2750.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD			Date of Receipt
Mailing Address 1600 Providence Di	r		1 2 1 9 2 0 0 9
City Waco	State TX	Zip Code 76707-2261	Transaction ID: C818940
FEC ID number of contributing federal political committee.	C	70707-2201	Amount of Each Receipt this Period 413.00
Name of Employer Family Practice Center	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) Robert Graham, MD			Date of Receipt
Mailing Address 3255 Eden Ave Ste	141		12 09 2009
City Cincinnati	State OH	Zip Code	Transaction ID: C814829
FEC ID number of contributing federal political committee.	C	45267-0001	Amount of Each Receipt this Period 250.00
Name of Employer University of Cinnicinatti	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional			913.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)			
American Academy of Family Physic	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) David Grant Heald, MD			Date of Receipt
Mailing Address 134 Baypath Dr			12 04 2009
City	State	Zip Code	Transaction ID: C811728
Oak Ridge	TN	37830-7851	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For:	- ' - '	e Year-to-Date ▼	
Primary General Other (specify) ▼	1.99.0941	250.00	
Full Name (Last, First, Middle Initial) James Earl Heder, MD			Date of Receipt
Mailing Address 1275 Wallace Rd Nw	1		1 2 1 0 2 0 0 9
City	State	Zip Code	Transaction ID: C814975
Salem	OR	97304-3007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks, MD			Date of Receipt
Mailing Address 3258 N Monroe St			12 25 YYYYY 12 25 2009
City	State	Zip Code	Transaction ID: C820070
Tallahassee	FL	32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		5000.00
Name of Employer Patients First	Occupatio Medical		
Receipt For:	Aggregate	e Year-to-Date 🔻	
Primary General Other (specify) ▼		5000.00	
SUBTOTAL of Receipts This Page (optional)			5500.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) John Boyd Jones, MD			Date of Receipt
Mailing Address 300 S Byron Blvd			12 28 2009
City <u>Chamberla</u> in	State SD	Zip Code	Transaction ID: C820062
FEC ID number of contributing federal political committee.	C	57325-9741	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupatio Physicial		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Melody Ann Jordahl, MD			Date of Receipt
Mailing Address PO BOX 905 HOPI HEALTCARE			12 009
City	State	Zip Code	Transaction ID: C811663
Polacca FEC ID number of contributing federal political committee.	C	86042-0905	Amount of Each Receipt this Period 73.00
Name of Employer DHHS	Occupatio Resident	n Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Donald R Klitgaard, MD			Date of Receipt
Mailing Address 1220 Chatburn Ave			12 05 7 9 9
City	State	Zip Code	Transaction ID: C818076
<u>Harlan</u>	IA	51537-2009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		333.33
Name of Employer RTU Medical Center	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 999.99	
			906.33

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 35 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may no ne name and addre	ot be sold or used by any pers ss of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political Ac	ction Committee	
۸.	Full Name (Last, First, Middle Initial) Laura C Knobel, MD			Date of Receipt
	Mailing Address 3 Freedom Way			12 30 2009
	City Walpole	State MA	Zip Code 02081-2290	Transaction ID: C820423
	FEC ID number of contributing federal political committee.	C	02001-2290	Amount of Each Receipt this Period 100.00
	Name of Employer self	Occupation physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 900.00	
	Full Name (Last, First, Middle Initial) Jason L Knudson, MD			Date of Receipt
	Mailing Address 1420 N 10Th St			12 24 2009
	City	State	Zip Code	Transaction ID: C820046
	Spearfish	SD	57783-1532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		42.00
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General Other (specify) ▼		378.00	
	Full Name (Last, First, Middle Initial) Darlene L Lawrence, MD	1		Date of Receipt
	Mailing Address PO BOX 29182			12 23 2009
	City	State	Zip Code	Transaction ID: C819998
	Washington FEC ID number of contributing federal political committee.	C	20017-0182	Amount of Each Receipt this Period 121.67
	Name of Employer Medstar	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 365.01	
	SUBTOTAL of Receipts This Page (optional)	1		263.67

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	· A)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16/35 (check only one)
Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phy	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Merral B Lewis, MD			Date of Receipt
Mailing Address 4000 Woodcastle	Dr		12 01 2009
City Evansville	State IN	Zip Code 47711-2778	Transaction ID: C810289 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	47711 2770	250.00
Name of Employer Deaconess Hospital	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Corazon B Loteyro Wason, MD Mailing Address 4285 Windsong P	I		Date of Receipt
City	State	Zip Code	12 24 2009
Plover	WI	54467-9018	Transaction ID: C820048 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.50
Name of Employer Great View Health Center	Occupation Physician		
Receipt For: Primary General		e Year-to-Date ▼	
Primary General Other (specify) ▼		409.50	
Full Name (Last, First, Middle Initial) Leah Raye R Mabry, MD	<u> </u>		Date of Receipt
Mailing Address 339 S Presa St			1 2 2 8 2 0 0 9
City San Antonio	State TX	Zip Code 78205-3425	Transaction ID: C820076
FEC ID number of contributing federal political committee.	C	70205-3425	Amount of Each Receipt this Period 100.00
Name of Employer Christus Health Care	Occupation Physician		
Receipt For: Primary General		e Year-to-Date ▼	
Other (specify) ▼		600.00	
SUBTOTAL of Receipts This Page (option			395.50

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any personant the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Landrum I McCarrell, Jr Mailing Address PO BOX 489		Date of Receipt
9 McElhaney Rd		12 04 2009
City	State Zip Code	Transaction ID: C811740
Travelers Rest	SC 29690-0489	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Greenville Health Corp.	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary ☐ General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) John W Meyer, MD		Date of Receipt
Mailing Address 3200 Avenue E		12 24 2009
City	State Zip Code	Transaction ID: C820054
Hondo	TX 78861-3525	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery, MD		Date of Receipt
Mailing Address 104 W 5Th Ave Ste		12 08 7 2009
City	State Zip Code	Transaction ID: C812389
Spokane	WA 99204-4803	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Inland Empire Hospital Se- rvices Associ	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	,
Other (specify)	1200.00	
SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line numb	•	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 35 (check only one) X
2	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may e name and add	not be sold or used by any pers ress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ians Political /	Action Committee	
٨.	Full Name (Last, First, Middle Initial) Carrie E Nelson, MD			Date of Receipt
	Mailing Address 520 W Indiana St	Chata	7:n Oada	12 18 2009
	City Wheaton	State IL	Zip Code 60187-2325	Transaction ID: C818687
	FEC ID number of contributing federal political committee.	C	00107-2323	Amount of Each Receipt this Period 250.00
	Name of Employer Rush-Copley Medical Center	Occupation Physican,	Residency Program Direct	tor
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
 3.	Full Name (Last, First, Middle Initial) Yvette Oquendo, MD	<u> </u>		Date of Receipt
	Mailing Address 7442 Weather Worn V	Way		12 21 2009
	City	State	Zip Code	Transaction ID: C818952
	Columbia	MD	21046-1480	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		52.50
	Name of Employer Potomac Physicians, PA	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	
- :.	Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
	Mailing Address PO BOX 806527			12 28 7 9 9
	Chicago	State	Zip Code	Transaction ID: C820074
	Chicago FEC ID number of contributing federal political committee.	C	60680-4126	Amount of Each Receipt this Period 85.00
	Name of Employer University of Illinois	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1020.00	
Γ				387.50

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	K)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 35 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	g the name and addre	ss of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) William R Phillips, MD Mailing Address PO BOX 356390			Date of Receipt
City Seattle	State WA	Zip Code 98195-6390	Transaction ID: C818676 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer U of Washington Receipt For: Primary General Other (specify) ▼	Occupation Family Doc Aggregate Y	ear-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Robert Lee Rich, Jr Mailing Address PO BOX 10 3744 Old Abbottsb	L urg Rd		Date of Receipt 1 2 2 3 2 0 0 9
City	State	Zip Code	Transaction ID: C820003
Bladenboro FEC ID number of contributing federal political committee.	C	28320-0010	Amount of Each Receipt this Period 250.00
Name of Employer Bladen Medical Associates Receipt For:	Occupation Physician Aggregate V	ear-to-Date ▼	
Primary General Other (specify) ▼	/igg-egate	250.00	
Full Name (Last, First, Middle Initial) Kenneth M Ripp, MD Mailing Address 1402 Slate St			Date of Receipt
——————————————————————————————————————			12 30 2009
City	State	Zip Code	Transaction ID: C820422
Cloquet FEC ID number of contributing federal political committee.	C	55720-3033	Amount of Each Receipt this Period 35.00
Name of Employer Raiter Clinic	Occupation MD35		
Receipt For: Primary General Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 210.00	
SUBTOTAL of Receipts This Page (options			650.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 35 (check only one) X
or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani, DO Mailing Address 427 S Mountain F	dd .	Date of Receipt 1 2 0 9 2 0 0 9
City Northfield	State Zip Code MA 01360-9684	Transaction ID: C818074 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.33
Name of Employer Gardner Family Medicine Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date 371.97	
Full Name (Last, First, Middle Initial) Sarah L Sams, MD Mailing Address 2994 Frazell Rd		Date of Receipt 1 2 2 4 2 0 0 9
City	State Zip Code	Transaction ID: C820047
Hilliard	OH 43026-9785	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer Ohio Health, Grant Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	
Full Name (Last, First, Middle Initial) Maria A Schiaffino, MD Mailing Address 4413 Paces Battle		Date of Receipt
Mailing Address 4413 Paces Battle	3 NW	12 21 2009
City	State Zip Code GA 30327-3023	Transaction ID: C818950
Atlanta FEC ID number of contributing federal political committee.	GA 30327-3023	Amount of Each Receipt this Period 45.62
Name of Employer The Southeast Permanente Medical Grou	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 364.96	
SUBTOTAL of Receipts This Page (option	nal)	211.95

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate s for each catego Detailed Summ	ory of the
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and address of any politic	ed by any person for the purpose of soliciting contributions al committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) George Wm Shannon, MD Mailing Address 2301 Slate Dr		Date of Receipt
City	State Zip Code GA 31906-1443	1 2 2 4 2 0 0 9 Transaction ID: C820044
Columbus FEC ID number of contributing federal political committee.	GA 31906-1443	Amount of Each Receipt this Period 75.00
Name of Employer Horizons Diagnostics LLC	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	1255.00
Full Name (Last, First, Middle Initial) Benjamin Rushing Shellabarger, MD Mailing Address 2244 Lower Browns	ville Rd	Date of Receipt 12 17 2009
City	State Zip Code	Transaction ID: C818260
<u>Jackson</u>	TN 38301-9655	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer Jackson Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	450.00
Full Name (Last, First, Middle Initial) Aaron Burl Shives, MD		Date of Receipt
Mailing Address 506 1St Ave Se		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C818071
Watertown FEC ID number of contributing	SD 57201-4402	Amount of Each Receipt this Period 33.18
federal political committee. Name of Employer Brown Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	364.98
SUBTOTAL of Receipts This Page (optional		333.18

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 35 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Peter A Silkowski, DO Mailing Address 809 Weatherby Dr			Date of Receipt 1 2 2 8 2 0 0 9
City Clarksville FEC ID number of contributing federal political committee.	State TN	Zip Code 37043-2408	Transaction ID: C820059 Amount of Each Receipt this Period 250.00
Name of Employer Premier Medical Group Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
Full Name (Last, First, Middle Initial) Linda Marie Siy, MD Mailing Address 4133 Bilglade Rd			Date of Receipt 1 2 0 2 2 0 0 9
City Fort Worth FEC ID number of contributing federal political committee.	State TX	Zip Code 76109-5436	Transaction ID: C810558 Amount of Each Receipt this Period 52.14
Name of Employer University of North Texas Health Scien Receipt For: Primary General Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Don A Solberg, MD Mailing Address 716 E Manitoba Ave	<u> </u>		Date of Receipt
City Ellensburg FEC ID number of contributing federal political committee.	State WA	Zip Code 98926-3842	Transaction ID: C818953 Amount of Each Receipt this Period 66.00
Name of Employer Valley Clinic Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupatio Physicial Aggregate]
SUBTOTAL of Receipts This Page (optional))		368.14

Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any perso	
American Academy of Family Phys		n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague A City	ve State Zip Code	Date of Receipt M
Spokane Valley FEC ID number of contributing federal political committee.	WA 99216-2167	Amount of Each Receipt this Period 250.00
Name of Employer Rockwood Clinic Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date 2500.00	
Full Name (Last, First, Middle Initial) Donna Lippert Sullivan, MD Mailing Address 1025 Pennock PI		Date of Receipt 1 2 0 1 2 0 0 9
City Fort Collins FEC ID number of contributing	State Zip Code CO 80524-3257	Transaction ID: C810284 Amount of Each Receipt this Period 500.00
Name of Employer Ft. Collins Family Medicine Residency Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date 500.00	
Full Name (Last, First, Middle Initial) Michael P Temporal, MD Mailing Address 180 S 3Rd St Ste 4	00	Date of Receipt 1 2 0 2 2 0 0 9
City Belleville	State Zip Code IL 62220-1952	Transaction ID: C810557 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Saint Louis University	Occupation	34.28
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 364.96	
SUBTOTAL of Receipts This Page (optional)	784.28

Any information copied from		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes NAME OF COMMITTEE	, other than using the name an	s may not be sold or used by any pers d address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\ \	of Family Physicians Poli	tical Action Committee	
Full Name (Last, First, N James O Theis, MD Mailing Address 6019			Date of Receipt
		to Zin Codo	12 01 2009
City <u>New Orleans</u>	Sta LA	te Zip Code 70118-5806	Transaction ID: C810308 Amount of Each Receipt this Period
FEC ID number of contri federal political committee			500.00
Name of Employer Tulane University		pation sician	
Receipt For: Primary Other (specify) ▼	Aggr General	egate Year-to-Date ▼ 500.00	
Full Name (Last, First, M Paul E Van Gorp, MD Mailing Address 24 9	· 		Date of Receipt
Mailing Address 24 9	111 21 26		12 23 2009
City	Sta	·	Transaction ID: C820004
Long Prairie FEC ID number of contri federal political committe		J 56347-1404	Amount of Each Receipt this Period 250.00
Name of Employer CentraCare Health System	om	pation sician	
Receipt For: Primary Other (specify) ▼	Aggr General	egate Year-to-Date ▼ 250.00	
Full Name (Last, First, M Raymond R Walker, MD	fiddle Initial)		Date of Receipt
Mailing Address 4130	Persimmon Hill Cv		12
City	Sta	'	Transaction ID: C818943
Bartlett FEC ID number of contri federal political committee		38135-5175	Amount of Each Receipt this Period 125.00
Name of Employer St. Francis Hospital		pation sician	
Receipt For: Primary Other (specify) ▼		egate Year-to-Date ▼ 1250.00	
SUBTOTAL of Receipts T	his Page (optional)		875.00

SCHEDULE A	(FEC Form 3X) CEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 35 (check only one) X
or for commercial pur	poses, other than using the na	ame and add	lress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, F E Mark Watts, MD Mailing Address	irst, Middle Initial) 415 S Pollard St			Date of Receipt 1 2 2 1 2 0 0 9
City Vinton		State VA	Zip Code 24179-2502	Transaction ID: C818949 Amount of Each Receipt this Period
FEC ID number of federal political con		С		45.62
Name of Employer Cavilier Faculty Mo	edicine	Occupation Physician	1	
Receipt For: Primary Other (speci	General fy) ▼	Aggregate	Year-to-Date ▼ 364.96	
Full Name (Last, F Randell K Wexler, M Mailing Address				Date of Receipt 1 2 2 8 2 0 0 9
City		State	Zip Code	Transaction ID: C820082
New Albany FEC ID number of federal political con		OH C	43054-8691	Amount of Each Receipt this Period 500.00
Name of Employer Ohio State Univers	sity	Occupation Physician		
Receipt For: Primary Other (speci	General fy) ▼	· ·	Year-to-Date ▼ 2750.00	
Full Name (Last, F Richard Andre Whe Mailing Address				Date of Receipt 1 2 2 9 2 0 0 9
City		State	Zip Code	Transaction ID: C820322
Dahlonega FEC ID number of		GA C	30533-1603	Amount of Each Receipt this Period 1500.00
Name of Employer Chestatee Region		Occupation Physician		
Receipt For: Primary Other (speci	General fy) ▼		Year-to-Date ▼ 2500.00	
SUBTOTAL of Rece	ipts This Page (optional)			2045.62

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 35 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and ad	Idress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Susan S Wilder, MD Mailing Address 8757 E Bell Rd City Scottsdale FEC ID number of contributing federal political committee. Name of Employer Self-Employed	State AZ C Occupation Physicia		Date of Receipt 1 2
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 360.00	
В.	Full Name (Last, First, Middle Initial) Jane Ann Williams-Vale, MD Mailing Address 46 Middlesex Ave			Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Wilmington FEC ID number of contributing federal political committee.	State MA	Zip Code 01887-2753	Transaction ID: C819463 Amount of Each Receipt this Period 166.67
	Name of Employer Winchester Physicians Association Receipt For: Primary General Other (specify)	Occupation Physicia Aggregate		
с.	Full Name (Last, First, Middle Initial) C Yurkewycz-Taras, MD Mailing Address 4123 Copley Rd	ı		Date of Receipt 1 2 2 1 2 0 0 9
	City	State	Zip Code	Transaction ID: C818955
	Copley FEC ID number of contributing federal political committee.	OH C	44321-1515	Amount of Each Receipt this Period 250.00
	Name of Employer Premier Medical Partners	Occupation Physicia		
	Receipt For: Primary General Other (specify)	,	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional)			446.67
-	TOTAL This Period (last page this line number			17789.51

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 35 (check only one) 11a 11b 11c 12 13 14 X 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic	Statements may not be sold or used by any pers e name and address of any political committee to ians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt 1 2 0 1 2 0 0 9 Transaction ID: C808779 Amount of Each Receipt this Period 906.27
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee. Name of Employer	eek Pkwy State Zip Code KS 66211-2672 C	Date of Receipt M M
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) American Academy of Family Physicians	Aggregate Year-to-Date ▼ 6215.07	Date of Receipt
Mailing Address 11400 Tomahawk Cre City Leawood FEC ID number of contributing federal political committee.	State Zip Code KS 66211-2672	Transaction ID: C820001 Amount of Each Receipt this Period 269.05
Name of Employer Receipt For: Primary General Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 6215.07	
SUBTOTAL of Receipts This Page (optional) .]	1239.50
TOTAL This Period (last page this line numbe	er only)	1239.50

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SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 28/35
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
I I LIVIIZED DISDURSEIVIEN I S	Detailed Summary Page	X 21b	22 23 24 25 26
Any Information coming from such Departs and State	monto mou not be cold or used by	27	28a
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	Political Action Committee		
Full Name (Last, First, Middle Initial)			Transaction ID: D90733
American Express			Date of Disbursement
Mailing Address PO Box 53852			12 01 7 2009
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee	Г	•	0.98
Candidate Name	C	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express		Transaction ID: D90734 Date of Disbursement	
Mailing Address PO Box 53852			12 7 2 0 0 9
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee	Г		8.31
Candidate Name	C	Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D90735 Date of Disbursement
Mailing Address PO Box 53852			12 Y Y Y O O O O
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement	Г		3.25
Bank card processing fee Candidate Name		Category/	
Senate President	ement For: Primary General Other (specify)	71.7	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		<u> </u>	12.54

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SCHEDULE B (FEC Form 3X) Lea congreta schedulo(s) FOR L			NUMBER:		PA	GE	29 / 3	35		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)		for each category of the			¬ .,		05	
	Detailed Summary Page	X 21b 27	22 23 28a 28		24 28c	Н	25 29	26 30b		
Any Information copied from such Reports and Stater	nents may not be sold or used by					ontrib				
or for commercial purposes, other than using the name	e and address of any political co	mmittee to soli	cit contribution	s fror	n such c	omm	nittee			
NAME OF COMMITTEE (In Full)	Delizioni Anzion Oranovita									
American Academy of Family Physicians	Political Action Committee									
Full Name (Last, First, Middle Initial)			Transaction	ID:	D9073	36				
American Express			Date of Disb							
Mailing Address PO Box 53852			12 M	0.7	7 / Y	ž	0 ŏ s) \		
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	ach D	Disburse	ment	this F	Period		
Purpose of Disbursement Bank card processing fee							3.25			
Candidate Name		Category/								
		Туре								
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify) \(\bigvarpsi									
State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)			Transaction	ID:	D9073	37				
American Express			Date of Disb							
Mailing Address PO Box 53852			12 M	0.7	7	ž	0 ŏ s) \		
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Per			Period				
Purpose of Disbursement		• •					1.69			
Bank card processing fee										
Candidate Name		Category/ Type								
Office Sought: House Disburs	ement For:	. , , , ,								
Senate	Primary General									
President State: District:	Other (specify)									
Full Name (Last, First, Middle Initial)			Transaction	ID.	D0070					
American Express			Date of Disb			00				
Mailing Address PO Box 53852			12 /	1 4	D / Y	ž	0 ŏ s	Y		
Maining Address PO BOX 53652			L							
City Phoenix	State Zip Code AZ 85072-3852		Amount of E	ach D	Disburse	ment				
Purpose of Disbursement						_	8.13			
Bank card processing fee Candidate Name	C	Category/ Type								
Office Sought: House Disburs	ement For:									
Senate	Primary General									
President State: District:	Other (specify)									
2.50.00										
SUBTOTAL of Disbursements This Page (optional)		>	L			_ 1	3.07			
TOTAL This Period (last page this line number only										

В.

C.

SCHEDULE B (FEC Form 3X)		Use separate schedule(s)				IE NUMBER: PAGE 30 / 35 nly one)								35	
ITEMIZED DISBURSEMENTS		category of the Summary Page		X	_	H	22 28a		23 28b		24 28c		25 29	П	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name														;	
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Ac	ction Committe	ee												
Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date of		sburs		ent		0 ŏ 9) ^Y	
City Phoenix	State AZ	Zip Code 85072-3852					Amoui	nt of	f Each	n Dis	sburse	men		-	d
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Full Name (Last, First, Middle Initial) American Express Mailing Address PO Box 53852							Transa Date of		sburs				0 ŏ s) ^Y	
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SUBTOTAL of Disbursements This Page (optional)					•			•					5.86	i	

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Use separate schedule(s) (chook			E NUMBER:	PA	AGE 31/	35
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on X 21b 27	22 23 28a 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person	for the purpose of s	soliciting co	ontribution	1
NAME OF COMMITTEE (In Full)						
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Full Name (Last, First, Middle Initial) American Express			Transaction ID Date of Disburs	sement	10	
Mailing Address PO Box 53852			12 / 0	2 1 / Y	Ž 0 Ŏ 9	9 ^Y
City Phoenix	State Zip Code AZ 85072-3852		Amount of Eac	n Disburse		
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s) (chook s			LINE NUMBER: PAGE 3								35			
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	ment For: Primary Other (spe	General cify) ▼			pe										
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE (check onl	NUMBER: y one)		PAGE 33	/ 35
TEMIZED DISBURSEMENTS	Detailed	category of the Summary Page	X 21b 27	22 28a	23 24 28b 28	3c 29	
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NAME OF COMMITTEE (In Full) American Academy of Family Physician				mon continuous			
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Mailing Address PO Box 53852				12 M	^D 31 /	žoč	9
City Phoenix	State AZ	Zip Code 85072-3852		Amount of	Each Disbur		
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Candidate Name			Category/ Type				
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State: District: Full Name (Last, First, Middle Initial)				Transactio	on I D : D90	1732	
Bank Of America Merchant Services				Date of Dis	bursement	_	(
Mailing Address WA2-505-01-40 PO Box 2485				1 2 1	0 1	žoò	
City Spokane	State WA	Zip Code 99210-2485		Amount of	Each Disbur		
Purpose of Disbursement Bank card processing fee Candidate Name			Category/ Type			221.	5 4
Senate President	rsement For: Primary Other (spe	General ecify) ▼	,,				
State: District: Full Name (Last, First, Middle Initial) Discover Network					on ID: D90 sbursement	740	
Mailing Address P O Box 52145				12 M	0 2	žoò	9
City Phoenix	State AZ	Zip Code 85072-2145		Amount of	Each Disbur		
Purpose of Disbursement Bank card processing fee						21.	90
Candidate Name			Category/ Type				
Office Sought: House Disbu Senate President	rsement For: Primary Other (spe	General					
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SUBTOTAL of Disbursements This Page (optional	al)					244.	42
TOTAL This Period (last page this line number or						504.8	0.4

TEMES DISCUSSION	Use separate schedule(s)	(check on	E NUMBER: PAGE 34 / 35 ily one)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28 28 29					
Any Information copied from such Reports and State or for commercial purposes, other than using the notation NAME OF COMMITTEE (In Full) American Academy of Family Physician	ame and address of any political	committee to s						
Full Name (Last, First, Middle Initial) Mission PAC Mailing Address 1831 Bay St SE			Transaction ID: D90604 Date of Disbursement					
City Washington	State Zip Code DC 20003-2510		Amount of Each Disbursement this Period					
Purpose of Disbursement Campaign contribution Candidate Name		Category/	2500.00					
Rep. Lois Capps Office Sought: X House Senate President State: CA District: 23	rsement For: Primary General Other (specify)	Туре						
Full Name (Last, First, Middle Initial) BETTY SUTTON FOR CONGRESS Mailing Address 1700 W. Market St. #	55		Transaction ID: D90603 Date of Disbursement 1 2 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City Akron	State Zip Code OH 44313		Amount of Each Disbursement this Period					
Purpose of Disbursement Campaign contribution Candidate Name Rep. Betty Sutton		Category/ Type	2500.00					
	rsement For: 2010 X Primary General Other (specify)	.,,,,,						
Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS			Transaction ID: D90605 Date of Disbursement					
Mailing Address PO Box 75214			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
City Washington	State Zip Code DC 20013-0214		Amount of Each Disbursement this Perio					
Purpose of Disbursement Campaign contribution Candidate Name		Category/	2500.00					
Rep. Earl Pomeroy	rsement For: 2010	Type	_					
	X Primary General							
Senate President State: ND District: 00	Other (specify) ▼							

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S	CHEDULE B (FEC Form 3)	X)	L COD LINE	NUMBER: PAGE 35/35
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	y Information copied from such Reports ar for commercial purposes, other than using	,		· ·
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Academy of Family Phys	sicians Political Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: D90861
	Stephanie for South Dakota			Date of Disbursement
	Mailing Address PO Box 75214			12 M / 22 / Y 2009
	City Washington	State Zip Code DC 20013-0214		Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution			2500.00
	Candidate Name Rep. Stephanie Herseth	C	Category/ Type	
	Office Sought: X House Senate President	Disbursement For: 2010 X Primary General Other (specify) ▼		
	State: SD District: 00			

SUBTOTAL of Disbursements This Page (optional)	•	2500.00
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